

Form  
AB-200

# Alcohol Beverage License Application

For Municipal Use Only	
Municipality	
License Period	

License(s) Requested: (up to two boxes may be checked)

- Class "A" Beer ..... \$ \_\_\_\_\_      Class "B" Beer ..... \$ \_\_\_\_\_  
 "Class A" <sup>wine</sup> Liquor ..... \$ \_\_\_\_\_      "Class B" Liquor ..... \$ \_\_\_\_\_  
 "Class A" Liquor (cider only) \$ \_\_\_\_\_      Reserve "Class B" Liquor \$ \_\_\_\_\_  
 "Class C" Liquor (wine only) \$ \_\_\_\_\_

Fees	
License Fees	\$ 100.00
Background Check Fee	\$ 5.00
Publication Fee	\$ 5.00
<b>Total Fees</b>	<b>\$ 110.00</b>

Part A: Premises/Business Information			
1. Legal Business Name (individual name if sole proprietorship) Dolgencorp, LLC			
2. Business Trade Name or DBA Dollar General Store # 24216			
3. FEIN 61-0852764		4. Wisconsin Seller's Permit Number 456-0000208845-05	
5. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization			
6. State of Organization KY		7. Date of Organization 10/09/2008	8. Wisconsin DFI Registration Number
9. Premises Address 1105 E Bluff Rd			
10. City Whitewater		11. State WI	12. Zip Code 53190
13. County Walworth		14. Governing Municipality: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: Whitewater	15. Aldermanic District
16. Premises Phone (608) 352-4375		17. Premises Email	18. Website
19. Premises Description - Describe the building or buildings where alcohol beverages are produced, sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. See attached			
20. Mailing Address (if different from premises address) 100 Mission Ridge			
21. City Goodlettsville		22. State TN	23. Zip Code 37072
Part B: Questions			
1. Has the business (sole proprietorship, partnership, limited liability company, or corporation) been convicted of violating federal or state laws or local ordinances? Exclude traffic offenses unless related to alcohol beverages. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, list the details of violation below. Attach additional sheets if necessary.			
Law/Ordinance Violated		Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated		Location	Trial Date
Penalty Imposed		Was sentence completed? . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses pending against the business? Exclude traffic offenses unless related to alcohol . . .  Yes  No beverages.  
 If yes, describe the nature and status of pending charges using the space below. Attach additional sheets as needed.

3. Is the applicant business or any of its officers, directors, members, agent, employees, owners, or other related individuals or entities a restricted investor with any interest in an alcohol beverage producer or distributor? . . .  Yes  No  
 If yes, provide the name of the restricted investor and describe the nature of the interest.

4. Is the applicant business owned by another business entity? . . .  Yes  No  
 If yes, provide the name(s) and FEIN(s) of the business entity owners below. Attach additional sheets as needed.

4a. Name of Business Entity	4b. Business Entity FEIN
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5. Have the partners, agent, or sole proprietor satisfied the responsible beverage server training requirement for this license period? Submit proof of completion. . . . .  Yes  No

6. Is the applicant business indebted to any wholesaler beyond 15 days for beer or 30 days for liquor/wine? . . . . .  Yes  No

7. Does the applicant business owe past due municipal property taxes, assessments, or other fees? . . . . .  Yes  No

**Part C: Individual Information**

List the name, title, and phone number for each person or entity holding the following positions in the applicant business or businesses listed in Part B. Question 4: sole proprietor, all officers, directors, and agent of a corporation or nonprofit organization, all partners of a partnership, and all members, managers, and agent of a limited liability company. Attach additional sheets if necessary.

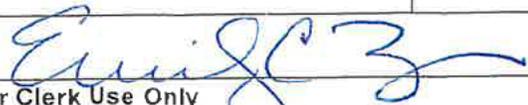
Include Form AB-100 for each person listed below. Corporations and LLCs must appoint an agent by including Form AB-101.

Last Name	First Name	Title	Phone
Taylor	Emily	CMO	(615) 855-4000
Brining	Zach	CEO	(615) 855-4000
Stankowski	Jacob	DM	(615) 855-4000

**Part D: Attestation**

One of the following must sign and attest to this application:  
 • sole proprietor      • one general partner of a partnership      • one corporate officer      • one member of an LLC

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant business and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate this business according to the law, including but not limited to, purchasing alcohol beverages from state authorized wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name <i>Taylor</i>	First Name <i>Emily</i>	M.I.
Title <i>COO</i>	Email	Phone
Signature 	Date <i>2/4/20</i>	

**Part E: For Clerk Use Only**

Date Application Was Filed With Clerk	License Number	Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk		Date Provisional License Issued (if applicable)	

## Alcohol Beverage Appointment of Agent

Date 2/4/26

<b>Agent Type</b> <i>(check one)</i>	
<input type="checkbox"/> Original (no fee)	<input checked="" type="checkbox"/> Successor (\$10 fee for municipal licensees only)

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) DOLGENCORP, LLC	
2. Business Trade Name or DBA DOLLAR GENERAL STORE # <u>24216</u>	
3. Entity Type <i>(check one)</i> <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	
4. Alcohol Beverage Business Authorization <i>(check one)</i> <input checked="" type="checkbox"/> Municipal Retail License <input type="checkbox"/> State Permit	5. If successor agent, provide State Permit or Municipal Retail License Number N/A
6. Describe the reason for appointing a successor agent, if successor is checked above. CHANGE OF MANAGER	

<b>Part B: Agent Information</b>			
1. Last Name Stankowski	2. First Name Jacob	3. M.I. A	
4. Email jastanko@dollargeneral.com		5. Phone [REDACTED]	
6. Home Address [REDACTED]			
7. City Waunakee	8. State WI	9. Zip Code 53597	10. Age 27
11. Drivers License/State ID Number [REDACTED]		12. Drivers License/State ID State of Issuance WI	

<b>Part C: Agent Questions</b>	
1. Have you satisfied the responsible beverage server training requirement? Submit proof of completion.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you completed Form AB-100, <i>Alcohol Beverage Individual Questionnaire</i> ? Submit a completed Form AB-100 with this form.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you been a Wisconsin resident for at least 90 continuous days? See instructions for exceptions.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

*Continued* →

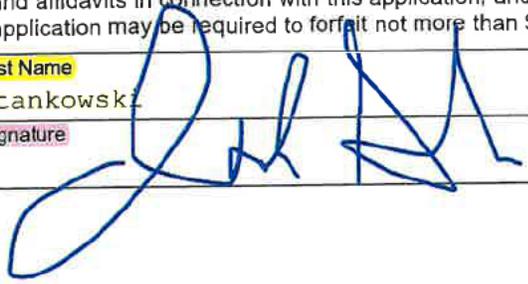
**Part D: Business Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Undersigned**, authorize the above-named individual to act for the above-named corporation, nonprofit organization, or limited liability company with full authority and control of the premises and of all alcohol beverage activities on such premises. I certify that I am authorized by the above-named entity to authorize this individual to act on behalf of the entity. If I am appointing a successor agent, I rescind all previous agent appointments for this premises. Further, I understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name TAYLOR	First Name EMILY	M.I. C
Title CFO/LLC MANAGER	Email tax-beerandwinelicense@dollargeneral.com	Phone 615-855-4000
Signature 		Date 2/7/26

**Part E: Agent Attestation**

READ CAREFULLY BEFORE SIGNING: I, the **Agent**, hereby accept this appointment as agent for the above-named corporation, nonprofit organization, or limited liability company and assume full responsibility for the conduct of all alcohol beverage activities on the premises for the above-named business. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Stankowski	First Name Jacob	M.I. A
Signature 		Date 2/7/26

## Alcohol Beverage Individual Questionnaire

Date 2/4/24

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) DOLGENCORP, LLC	
2. Business Trade Name or DBA DOLLAR GENERAL STORE # <u>24214</u>	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>					
1. Last Name Stankowski		2. First Name Jacob		3. M.I. A	
4. Relationship to Business (Title) DISTRICT MANAGER		5. Email jastanko@dollargeneral.com		6. Phone [REDACTED]	
7. [REDACTED]					
8. City Waunakee		9. State WI	10. Zip Code 53597	11. Date of Birth 02/19/1998	
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance WI		

<b>Part C: Address History</b>							
1. Do you currently reside in Wisconsin? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? . . . .			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="background-color: yellow;">Years</th> <th style="background-color: yellow;">Months</th> </tr> <tr> <td style="text-align: center;">27</td> <td></td> </tr> </table>	Years	Months	27	
Years	Months						
27							
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.							
Previous Address 1		City Brookfield	State WI	Zip Code 53045			
Previous Address 2		City Pewaukee	State WI	Zip Code 53072			
[REDACTED]		City Greenfield	State WI	Zip Code 53220			
[REDACTED]		City Waupaca	State WI	Zip Code 54981			
Previous Address 5		City	State	Zip Code			
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.							
State WI	County Waukesha	State WI	County Milwaukee	State WI	County Waupaca	State WI	County Dane
State	County	State	County	State	County	State	County

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

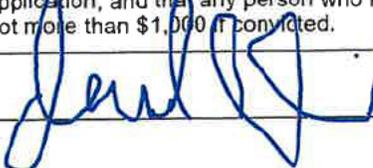
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed	Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature  Date 2/4/26

## Alcohol Beverage Individual Questionnaire

Date 2/4/26

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all partners of a partnership
- all officers, directors, and agent of a corporation or nonprofit organization
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

Part A: Business Information	
1. Legal Business Name (individual name if sole proprietor) Dolgencorp, LLC	
2. Business Trade Name or DBA Dollar General Store # 24216	
3. Entity Type (check one)	
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

Part B: Individual Information				
1. Last Name Taylor	2. First Name Emily	3. M.I.		
4. Relationship to Business (Title) Manager	5. Email TAX-BEERANDWINELICENSE@DOLLARGENERA	6. [REDACTED]		
7. Home Address [REDACTED]				
8. City Goodlettsville	9. State TN	10. Zip Code 37072	11. Date of Birth 3/19/1976	
12. Drivers License/State ID Number [REDACTED]		13. Drivers License/State ID State of Issuance TN		

Part C: Address History					
1. Do you currently reside in Wisconsin? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....				Years	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 [REDACTED]	City Nashville	State TN	Zip Code 37215		
Previous Address 2	City	State	Zip Code		
Previous Address 3	City	State	Zip Code		
Previous Address 4	City	State	Zip Code		
Previous Address 5	City	State	Zip Code		
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State TN	County Davidson	State	County	State	County
State	County	State	County	State	County

Continued →

**Part D: Criminal History**

1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . .  Yes  No

If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.

Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . .  Yes  No

If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed.  
See attached

**Part E: Attestation**

**READ CAREFULLY BEFORE SIGNING:** Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Signature 	Date 2/4/26
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## Alcohol Beverage Individual Questionnaire

Date 2/4/26

All individuals involved in the alcohol beverage business must complete this form, including:

- sole proprietor
- all officers, directors, and agent of a corporation or nonprofit organization
- all partners of a partnership
- members and agent of a limited liability company

Your alcohol beverage application or renewal is not complete until all required Individual Questionnaires are submitted.

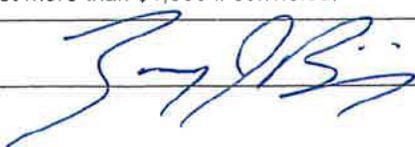
<b>Part A: Business Information</b>	
1. Legal Business Name (individual name if sole proprietor) Dolgencorp, LLC	
2. Business Trade Name or DBA Dollar General Store # <u>24216</u>	
3. Entity Type (check one) <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit Organization	

<b>Part B: Individual Information</b>				
1. Last Name Brining		2. First Name Zachary		3. M.I.
4. Relationship to Business (Title) Manager		5. Email TAX-BEERANDWINELICENSE@DOLLARGENERA		6. Phone [REDACTED]
7. Home Address [REDACTED]				
8. City Goodlettsville		9. State TN	10. Zip Code 37072	11. Date of Birth 08/15/1978
12. Drivers License/State ID Number [REDACTED]			13. Drivers License/State ID State of Issuance TN	

<b>Part C: Address History</b>					
1. Do you currently reside in Wisconsin? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes to 1 above, how long have you continuously lived in Wisconsin prior to the date of application? ....				Years	Months
2. List in chronological order all of your addresses within the last 5 years. Attach additional sheets if necessary.					
Previous Address 1 [REDACTED]		City Hendersonville	State TN	Zip Code 37075	
Previous Address 2 [REDACTED]		City	State	Zip Code	
Previous Address 3		City	State	Zip Code	
Previous Address 4		City	State	Zip Code	
Previous Address 5		City	State	Zip Code	
3. List all states and counties you have lived in as an adult. Attach additional sheets if necessary.					
State TN	County Sumner	State	County	State	County
State	County	State	County	State	County

Continued →

Part D: Criminal History		
1. Have you ever been convicted of any offenses (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or of any county or municipal ordinances? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 1, please list details of each conviction below. Attach additional sheets as needed.		
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
Law/Ordinance Violated	Location	Conviction Date
Penalty Imposed		Was sentence completed? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are charges for any offenses currently pending against you (excluding traffic offenses unless related to alcohol beverages) for violation of any federal, Wisconsin, or another state's laws or any county or municipal ordinances? . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes to question 2, describe nature and status of pending charges using the space below. Attach additional sheets as needed. See attached		

Part E: Attestation	
<b>READ CAREFULLY BEFORE SIGNING:</b> Under penalty of law, I have answered each of the above questions completely and truthfully. I certify that I am not prohibited from participating in this business due to any involvement in another tier of the alcohol beverage industry as a restricted investor. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.	
Signature	Date
	2/4/26



Alcohol Licensed WI Stores for which LLC Officers Zachary Brining and Emily Taylor are Managers

Store Number	Address	City	ZIP
5866	2410 1ST CENTE	BRODHEAD	53520-1943
5871	1827 17TH AVE.	BLOOMER	54724-1589
6413	1150 SERVICE R	KIEL	53042-1281
6432	1210 E MAIN ST	OMRO	54963
6440	313 4TH ST	ABBOTSFORD	54405-9693
6477	1131 MARQUET	SOUTH MILWAUKEE	53172-2526
6482	320 N MAIN ST	RIVER FALLS	54022-2344
6509	991 MARQUETTI	KEWAUNEE	54216-1772
6535	1320 W WISCON	APPLETON	54914-3287
6554	902 W MAIN ST	WAUPUN	53963-1201
6563	1152 S MILITARY	GREEN BAY	54304-2145
6571	905 E DIVISION	WAUTOMA	54982-1035
6586	745 E FOND DU	RIPON	54971-9570
6588	103 BRALICK W	OCOONTO	54153-1978
6604	1102 LAWE ST	KAUKAUNA	54130-1553
6627	360 S MAIN ST	CLINTONVILLE	54929-1632
6637	610 S US HIGHW	CRIVITZ	54114-0250
6639	801 N SHAWAN	NEW LONDON	54961
6775	331 E CENTER	STJUNEAU	53039-1311
6787	383 S JOHN PAU	MILTON	53563-1224
6861	528 E LAKE ST	LAKE MILLS	53551-1607
6867	98 SWIGGUM R	WESTBY	54667-8413
6870	225 W LINCOLN	ADAMS	53910-9460
6887	105 S 8TH ST	WATERTOWN	53094-4724
6914	1231 WATER AV	HILLSBORO	54634-4308
6960	1400 IHM ST	LANCASTER	53813-9442
6966	289 S CHURCH	S BERLIN	54923-2144
6972	19050 DEWEY S	WHITEHALL	54773-8525
7401	705 W 9TH ST	N LADYSMITH	54848-1252
9836	2109 CAMERON	EAU CLAIRE	54703-4947
9967	1060 E TUSS ST	EAGLE RIVER	54521-2075
10001	1010 COUNTRYS	MONDOVI	54755-5013
10015	1120 E WASHIN	WEST BEND	53095-2608
10102	105 N 4TH ST	TOMAHAWK	54487-1346
10109	28 RIVERSIDE	SC PRAIRIE DU CHIEN	53821-9642
10118	205 E MAIN ST	BLACK RIVER FALLS	54615-1469
10132	213 JEFFERSON	CAMBRIDGE	53523-9150
10309	951 W GRAND A	WISCONSIN RAPIDS	54495-2606
10408	214 W COTTAGE	COTTAGE GROVE	53527-9213
10422	951 W JAMES ST	COLUMBUS	53925-1027
10517	243 S CECIL ST	BONDUEL	54107-9292
10540	1014 4TH AVE	S PARK FALLS	54552-1919
10595	830 GRAND AVE	SCHOFIELD	54476-1118
10602	509 S MAIN ST	PARDEEVILLE	53954-9119
10921	2579 NORTH ST	EAST TROY	53120-1260

10945 530 W RYAN ST BRILLION	54110
10954 701 W MAIN ST MARSHALL	53559-8982
11052 314 W BROADW BLAIR	54616-9365
11710 211 WISCONSIN FREDERIC	54837-4658
11718 619 W WARREN REDGRANITE	54970-9396
12489 110 PROGRESS E RANDOLPH	53956-1451
12677 821 COPPER FAL MELLEEN	54546
12858 9040 N BOUNDARY SOLON SPRINGS	54873-8100
13173 24199 STATE RD SIREN	54872
13175 1135 APPLETON MENASHA	54952-1905
13248 880 SPRUCE ST BALDWIN	54002-3264
13348 717 N. MAIN ST LODI	53555-1259
13463 5088 N HWY 51 MERCER	54547
13775 961 MARKET ST. NEKOOSA	54457-1078
13790 309 GENESEE ST WITTENBERG	54499
13946 412 W. NORTH S PLAINFIELD	54966-9296
14069 19919 WINNEBAGO GALESVILLE	54630
14302 216 BELKNAP ST SUPERIOR	54880-2964
14362 N3887 STATE RD FREEDOM	54130
14365 515 WALTER ST F MAZOMANIE	53560-9224
14373 830 FRENCH ST PESHTIGO	54157-1459
14377 207 N HWY 27 CADOTT	54727-9300
14977 303 DOUGLAS D BROOKLYN	53521-9046
15009 510 GRANDVIEW CAMPBELLSPORT	53010
15039 1560 15TH AVE UNION GROVE	53182-1529
15049 1520 HERITAGE WEST SALEM	54669
15938 802 WAGNER DR ROBERTS	54023-8648
15975 200 ANN ST. WATERLOO	53594-1167
15996 121 W. 3RD ST. OWEN	54460
16020 928 240TH STRE OSCEOLA	54020
16028 614 N CINCINNA ALBANY	53502-9604
16447 111 E. DIVISION NEILLSVILLE	54456-2148
16673 4500 FAIRGROU AMHERST	54406
16744 229 STATE HWY NEKOOSA	54457-8702
16966 213 INDUSTRIAL MARION	54950-8719
17048 700 S STATE RD LUCK	54853-9079
17126 603 E BRIDGE ST NEW LISBON	53950-1076
17471 715 S LAKE AVE PHILLIPS	54555-1449
17495 215 E STATE RD GRANTSBURG	54840
17575 110 STENCIL AVE EDGAR	54426
17613 322 WALWORTH GENOA CITY	53128-2173
17654 761 COMMERCIAL GREEN LAKE	54941
17665 33651 US HWY 1 LONE ROCK	53556-9220
17792 260 N MAIN ST COCHRANE	54622-7000
17883 333 PROSPECT A NORTH FOND DU LAC	54937-1466
18223 129 W FOLLETT COLOMA	54930
18230 1856 ANDERSON THREE LAKES	54562

18231 202 E ELM DR	LOYAL	54446-9753
18255 8020 SOUTH 70	SAINT GERMAIN	54558
18341 507 N MAIN ST	ORFORDVILLE	53576
18396 N18770 US HIGH	PEMBINE	54156-9528
18451 9991 E CENTENN	POPLAR	54864
18463 103 S BRIDGE ST	MANAWA	54949-9510
18554 5687 4TH AVE	PITTSVILLE	54466-9361
18755 472 US HWY 45	BIRNAMWOOD	54414
18788 1341 E MAIN ST	ARCADIA	54612-3704
18814 10127 N COUNT	HAYWARD	54843-2261
18858 523 S MAIN ST	NESHKORO	54960
18894 7513 STATE HW'	MINOCQUA	54548
18984 16894 W 3RD ST	STONE LAKE	54876
19038 6499 N RIVERSIC	JANESVILLE	53546
19323 102 E NORTHLAI	APPLETON	54911-2125
19380 211611 STATE H	STRATFORD	54484-4328
19382 1619 ACADEMY	ELROY	53929-1018
19383 425 HAGEN ST	CASHTON	54619-8031
19452 504 S HAMMON	MERRILLAN	54754
19533 7447 MAIN ST	DANBURY	54830-8413
19724 741 PINE ST	ATHENS	54411-9305
19877 710 W ARTHUR	BRUCE	54819-9452
19884 1215 STATE HIGI	RIB LAKE	54470-9783
19970 N11133 HWY 45	ELCHO	54428
19998 733 W STATE ST	FOX LAKE	53933
20022 205 S GRAND AV	EMBARRASS	54933-5015
20091 N4260 STATE RC	POY SIPPI	54967-8440
20120 14727 VALLEY RI	ARGYLE	53504-9715
20206 380 MAIN ST	GRESHAM	54128-9572
20213 315 E MAIN ST S	HORTONVILLE	54944
20230 609 N MAIN ST	BLACK CREEK	54106-9773
20333 3715 N CLARK S'	RADISSON	54867
20418 436 W GRAND A	ROSHOLT	54473-9545
20419 400 STATE RD	HATLEY	54440-9706
20610 713 DODGE ST	MINERAL POINT	53565-1079
20759 704 WASHINGTC	HORICON	53032-1655
20767 68300 COUNTY I	IRON RIVER	54847-4875
20867 3022 MISHICOT	TWO RIVERS	54241
20870 527 E MAIN ST	MISHICOT	54228-9556
20873 376 HIGH ST	WRIGHTSTOWN	54180-1130
21000 739 W FOND DU	RIPON	54971-9305
21045 1641 MAIN ST	GREEN BAY	54302-2626
21051 710 E 2ND ST	MERRILL	54452-2419
21068 820 8TH ST S	WISCONSIN RAPIDS	54494-5244
21082 640 LINCOLN AV	FENNIMORE	53809-1535
21191 611 E MAIN ST	SURING	54174
21320 W5163 COUNTY	ELKHORN	53121-3510

21339 120 EAST ST	BOYCEVILLE	54725-9407
21568 1003 1ST ST	PLUM CITY	54761-9030
21655 26237 W MOND	ELEVA	54738-5304
21656 E7512 GREY GO	FREMONT	54940
21658 235 E MAIN ST	LENA	54139-9497
21714 101 S 1ST ST	CAMERON	54822-9735
21736 580 GRAVITY CT	WATERFORD	53185-1105
21836 344 STH 11	SHULLSBURG	53586
21847 1126 S COMMEF	NEENAH	54956-4153
21851 1010 W COLLEG	APPLETON	54914-5260
21853 707 N CENTRAL	MARSHFIELD	54449-2120
21854 225 N WASHING	KIMBERLY	54136-1628
21860 32 E JOHNSON S	FOND DU LAC	54935-3402
21864 5430 CENTURY F	MIDDLETON	53562-2009
21868 303 W MAIN ST	COBB	53526-9672
21877 3459 SPRINGFIE	LAKE GENEVA	53147
21943 N1411 CLOVER F	GENOA CITY	53128-1407
21987 1026 E COMMEF	SLINGER	53086-9326
22014 408 S OLD 53	NEW AUBURN	54757-2807
22163 23797 INDEE BL	INDEPENDENCE	54747-2813
22345 W10900 KOTTKE	CRIVITZ	54114
22346 820 ROOSEVELT	NIAGARA	54151-1337
22466 W355 S9084 E G	EAGLE	53119
22497 450 S BROADWA	STANLEY	54768-1081
22543 1831 COUNTY R	KRONENWETTER	54455
22544 1101 NORTH WI	PORT WASHINGTON	53074
22586 501 E WISCONSI	PORTAGE	53901-2452
22627 545 COUNTY RO	WOODVILLE	54028
22629 401 S WATER ST	WILTON	54670-8574
22801 106 N ROYAL AV	GAYS MILLS	54631-7355
22944 607 E HIGHLAND	OCONTO FALLS	54154-1023
23005 E220 MENOMOI	ELK MOUND	54739
23042 1326 COUNTY H	BRUSSELS	54204-9485
23070 W6324 HIGHWA	BAY CITY	54723
23115 2815 PLOVER RE	WISCONSIN RAPIDS	54494
23174 4427 N BRANCH	WABENO	54566
23464 500 E STATE RO	HUSTISFORD	53034-1200
23490 100 COUNTY RO	BEAVER DAM	53916
23526 6705 COUNTY R	WESTON	54476-4706
23595 500 SAINT CECE	L BUTTERNUT	54514-8506
23681 8519 S LOOP RD	LARSEN	54947-9574
23731 305 N ALGOMA	BIRCHWOOD	54817-8884
23863 17210 EMMA LE	LAKESWOOD	54138
23864 407 N 6TH ST	REEDSVILLE	54230-9304
23915 1305 DEERWOO	WISCONSIN DELLS	53965-9233
23970 7363 N WI 58	NEW LISBON	53950
24016 441 S CALUMET	VALDERS	54245-9650

24181 217 N MCKENZII GILLET	54124-9331
24419 991 STATE ROAD BIG FLATS	54613
24434 13809 STATE HW MOUNTAIN	54149-9688
24530 1211 W WINTER ELMWOOD	54740-8707
24615 1100 E MAIN ST GILMAN	54433-9101
24742 N14425 PRIMUS FAIRCHILD	54741-8500
24743 1106 E PROSPEC DURAND	54736-1513
24862 27980 263RD AV HOLCOMBE	54745-4507
24948 111 FREDONIA A FREDONIA	53021-9450
24987 410 N HIGHWAY CECIL	54111
25050 23449 STATE RO TREMPEALEAU	54661
25084 630 E CAPELLA S ADAMS	53910-6300
25089 1730 MAPLE RD RUDOLPH	54475-9506
25294 4610 KELLNER R LAKE WAZEECHA	54494
25335 1047 W BAYFIEL WASHBURN	54891
25394 W2883 GRANTO GRANTON	54436
25395 581 US HWY 8 PRENTICE	54556
25448 1421 DAIRYLANI CLEVELAND	53015
25477 106 E 9TH AVE BRODHEAD	53520
25533 100 DEPOT RD THERESA	53091
25597 N5490 PINE ST WILD ROSE	54984
25694 184 AMERICAN I FRANCIS CREEK	54214
25718 26632 LAKELANI WEBSTER	54893
25739 4005 LEADMINE HAZEL GREEN	53811
25740 N4141 COUNTY POUND	54161
30631 510 NORTH MAE MARKESAN	53946

---



A 360TRAINING COMPANY

### CERTIFICATE OF COMPLETION

This certifies that

**Jacob Stankowski**

is awarded this certificate for

**TIPS Wisconsin On-Premise Alcohol Server Training**

Hours  
4.00

Completion Date  
12/31/2025

Expiration Date  
12/31/2027

Certificate #  
000040365823

Official Signature

This certificate is non-transferable and represents the successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server Course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats.

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | GetTIPS.com

(CUT HERE)

(CUT HERE)

FOLD



Jacob Stankowski

ISSUED 12/31/2025  
CERTIFICATE # 000040365823

EXPIRES 12/31/2027

This card is non-transferable and represents successful completion of an approved Wisconsin Department of Revenue Responsible Beverage Server course in compliance with secs. 125.04(5)(a)5., 125.17(6), and 134.66(2m), Wis. Stats

Questions? Visit [GetTIPS.com/FAQs](http://GetTIPS.com/FAQs)

6504 Bridge Point Parkway, Suite 100 | Austin, TX 78730 | GetTIPS.com



WISCONSIN DEPARTMENT OF REVENUE  
 PO BOX 8902  
 MADISON, WI 53708-8902

**Contact Information:**

2135 RIMROCK RD PO BOX 8902  
 MADISON, WI 53708-8902  
 ph: 608-266-2776 fax: 608-224-5761  
 email: DORBusinessTax@wisconsin.gov  
 website: revenue.wi.gov

Letter ID L0736510416

ATTN: TAX DEPARTMENT  
 DOLGENCORP, LLC  
 100 MISSION RDG  
 GOODLETTSVILLE TN 37072-2171

### Wisconsin Department of Revenue Seller's Permit

**Legal/real name:** DOLGENCORP, LLC  
**Business name:** DOLLAR GENERAL STORE #24216  
 1105 E BLUFF RD  
 WHITEWATER WI 53190-2169

- This certificate confirms you are registered with the Wisconsin Department of Revenue and authorized in the business of selling tangible personal property and taxable services.
- You may not transfer this permit.
- This permit must be displayed at the place of business and is not valid at any other location.
- If your business is not operated from a fixed location, you must carry or display this permit at all events.

Tax Type	Account Type	Account Number
Sales & Use Tax	Seller's Permit	456-0000208845-05



Bill Lee  
Governor

TENNESSEE BUREAU OF INVESTIGATION

ATTN: TORIS

901 R.S. Gass Boulevard  
Nashville, Tennessee 37216-2639  
(615) 744-4057  
Facsimile (615) 744-4289



David B. Rausch  
Director

01/09/2026

MARCUS I BROWN  
100 MISSION RIDGE  
SPRINGFIELD TN 37172

Tennessee Criminal History Records Request

NO TENNESSEE CRIMINAL HISTORY RECORD HAS BEEN FOUND FOR THE PERSON LISTED BELOW. NOTE: All aliases submitted have been searched.

EMILY CHRISTINE TAYLOR

**Please be aware that, unless a fingerprint comparison is performed, it is impossible for the Tennessee Bureau of Investigation to be sure the record belongs to the individual you requested .** A fingerprint comparison will only be performed in the event of a written appeal of criminal history results. The information you receive will be based on only those arrests which occurred within the state of Tennessee.

The Tennessee Bureau of Investigation found no Tennessee criminal history based on the information provided. No criminal record check was conducted for other states or for the Federal Bureau of Investigation.

Tennessee Open Records Information Services  
Tennessee Bureau of Investigation  
901 R.S. Gass Blvd.  
Nashville, TN 37216



INTERNATIONALLY ACCREDITED SINCE 1994



Bill Lee  
Governor

**TENNESSEE BUREAU OF INVESTIGATION**

**ATTN: TORIS**

901 R.S. Gass Boulevard  
Nashville, Tennessee 37216-2639  
(615) 744-4057  
Facsimile (615) 744-4289



David B. Rausch  
Director

01/09/2026

MARCUS I BROWN  
100 MISSION RIDGE  
SPRINGFIELD TN 37172

Tennessee Criminal History Records Request

NO TENNESSEE CRIMINAL HISTORY RECORD HAS BEEN FOUND FOR THE PERSON LISTED BELOW. NOTE: All aliases submitted have been searched.

ZACHARY JOHN BRINING

**Please be aware that, unless a fingerprint comparison is performed, it is impossible for the Tennessee Bureau of Investigation to be sure the record belongs to the individual you requested** . A fingerprint comparison will only be performed in the event of a written appeal of criminal history results. The information you receive will be based on only those arrests which occurred within the state of Tennessee.

The Tennessee Bureau of Investigation found no Tennessee criminal history based on the information provided. No criminal record check was conducted for other states or for the Federal Bureau of Investigation.

Tennessee Open Records Information Services  
Tennessee Bureau of Investigation  
901 R.S. Gass Blvd.  
Nashville, TN 37216



INTERNATIONALLY ACCREDITED SINCE 1994

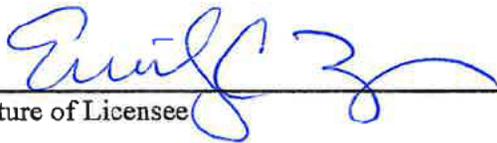
Store	Store Name	Address 1	Address 2	City	State	Zip Code	Loc Num	Division	Division_M	Region	MG District	District_M	County	His Open	Open/Clos	Date Open	Date Close	Wk Open	Wk Closed	ReWork	Relocation	Selling Area	Stock	Roor Code	Desc_1	Watch
5704	DG MONRI	638 6TH AVE		MONROE	WI	53566-3734		11	BRETT SOR	111	JULIA KING	685	JACOB STA GREEN	0	0	20050323	0	0	20240912	0	7485	1088	N	North	N	
6805	DG BOSCC	730 ELM ST		BOSCOBEL	WI	53805-1351		11	BRETT SOR	111	JULIA KING	685	JACOB STA GRANT	0	0	20041028	0	0	20240912	0	7485	748	N	North	N	
6805	DG CLUBA	1105 S MAIN ST		CURIA CITY	WI	53807-1584		11	BRETT SOR	111	JULIA KING	685	JACOB STA GRANT	0	0	20041109	0	0	20240912	0	7472	754	N	North	N	
6860	DG LANCA	1400 IHM ST		LAKCASTE	WI	53813-9442		11	BRETT SOR	111	JULIA KING	685	JACOB STA GRANT	0	0	20050713	0	0	20240912	0	7136	1381	N	North	N	
10109	DG PRARRI	28 RIVERSIDE SQ		PRAIRIE DA	WI	53821-9842		11	BRETT SOR	111	JULIA KING	685	JACOB STA CRAWFORD	0	0	20050629	0	0	20240912	0	8353	2650	N	North	N	
10543	DG MCFAR	5732 US HWY 51		MCFARLAN	WI	53558-9319		11	BRETT SOR	111	JULIA KING	685	JACOB STA DANE	0	0	20060725	0	0	20240912	0	6870	1754	N	North	N	
11715	DG DARLIN	15780 STATE HIGHWAY		DARLINGTON	WI	53530-9621		11	BRETT SOR	111	JULIA KING	685	JACOB STA LAFAYETTE	0	0	20091124	0	0	20240912	0	7344	874	N	North	N	
14977	DG BROOK	393 DOUGLAS DRIVE		BROOKLYN	WI	53521-9046		11	BRETT SOR	111	JULIA KING	685	JACOB STA DANE	0	0	20140704	0	0	20240912	0	7263	983	M	Middle	N	
16028	DG ALBAN	614 N CINCINNATI ST		ALBANY	WI	53502-9604		11	BRETT SOR	111	JULIA KING	685	JACOB STA GREEN	0	0	20150610	0	0	20240912	0	7263	982	M	Middle	N	
17865	DG LONE F	33651 US HWY 14		LONE ROC	WI	53556-9220		11	BRETT SOR	111	JULIA KING	685	JACOB STA RICHLAND	0	0	20170322	0	0	20240912	0	5635	855	M	Middle	N	
20120	DG ARGYU	14727 VALLEY RD		ARGYLE	WI	53904-9715		11	BRETT SOR	111	JULIA KING	685	JACOB STA LAFAYETTE	0	0	20191028	0	0	20240912	0	7220	1080	M	Middle	N	
20610	DG MINER	713 DODGE ST		MINERAL P	WI	53965-1079		11	BRETT SOR	111	JULIA KING	685	JACOB STA IOWA	0	0	20200726	0	0	20240912	0	7220	1080	M	Middle	N	
21082	DG FENNIN	640 LINCOLN AVE		FENNIMOR	WI	53809-1535		11	BRETT SOR	111	JULIA KING	685	JACOB STA GRANT	0	0	20200824	0	0	20240912	0	7021	1004	M	Middle	N	
21836	DG SHULL	344 5TH ST		SHULLSBUR	WI	53586		11	BRETT SOR	111	JULIA KING	685	JACOB STA LAFAYETTE	0	0	20200821	0	0	20240912	0	7220	1080	M	Middle	N	
21968	DG COBB	1303 E MAIN ST		COBB	WI	53526-9630		11	BRETT SOR	111	JULIA KING	685	JACOB STA IOWA	0	0	20201120	0	0	20240912	0	7220	1080	M	Middle	N	
22301	DG ORANG	100 SAMUELSON DR		ORANGEN	IL	61060-9735		11	BRETT SOR	111	JULIA KING	685	JACOB STA STEPHENS	0	0	20210526	0	0	20240912	0	7220	1080	M	Middle	N	
22801	DG GAYS	108 N ROYAL AVE		GAYS MILL	WI	54631-7355		11	BRETT SOR	111	JULIA KING	685	JACOB STA CRAWFORD	0	0	20210729	0	0	20240912	0	7220	1080	M	Middle	N	
25643	DG READS	611 BRENT ST		READSTOW	WI	54652		11	BRETT SOR	111	JULIA KING	685	JACOB STA VERNON	0	0	20240923	0	0	20240912	0	8522	1196	M	Middle	N	
25739	DG HAZEL	4005 LEADMINE ST		HAZEL GRE	WI	53811		11	BRETT SOR	111	JULIA KING	685	JACOB STA GRANT	0	0	20250611	0	0	20240912	0	8504	1359	M	Middle	N	
30404	DG SOUTH	5475 MEIER RD		SOUTH WA	WI	53587		11	BRETT SOR	111	JULIA KING	685	JACOB STA LAFAYETTE	0	0	20240915	0	0	20240912	0	8485	1191	M	Middle	N	
30527	DG PLAIN	11010 LEED PKY		PLAIN	WI	53577		11	BRETT SOR	111	JULIA KING	685	JACOB STA SAUK	0	0	20240916	0	0	20240912	0	8522	1196	M	Middle	N	

The building is 10,566 total sq ft. 8,522 sq ft for the sales floor, 1,196 sq ft for the receiving area and 848 sq ft for the office, breakroom, and restrooms. The alcohol will be stored in a cooler with the overflow being stored on a shelf near the coolers as shown on floor plan provided. All alcohol related documents will be stored in a filing cabinet in the managers office that is located in the front of the store behind the registers.

**CITY OF WHITEWATER**  
**ALCOHOL LICENSE HOLDERS HOURS OF OPERATION STATEMENT.**  
**(Required pursuant to Section 5.20.032(C) of the Whitewater Municipal Code**  
**LICENSING YEAR: July 2023 - June 2024.**

Trade Name & Address of Establishment:	
Dollar General Store #24216	1105 E Bluff Rd. Whitewater, WI. 53190
Name Wisconsin Seller's Permit is Issued to & I.D. Number:	
Dolgencorp, LLC	456-0000208845-05
Days and Hours Establishment will regularly be open for business**:	
M-Su 8am-10pm	

The undersigned certifies that the hours listed above are the minimum number of hours the above-named establishment will regularly be open for business. \*\*If any licensee changes its minimum required days or hours of operation stated above, the licensee shall immediately report the change in writing to the City Clerk. Licensees are not required to disclose all hours it or they expect to be open, but rather those mandatory minimum hours it will be open. Licensee also understands that Wisconsin Statutes require that a licensed beverage operator be on the premises during all hours the establishment is open for business.



2/4/24  
Date

<b>TO BE COMPLETED BY CITY CLERK'S OFFICE:</b>
Health Inspection Completed _____
Code Enforcement Inspection Completed: _____
Police Dept. Inspection Completed: _____
Newspaper Publication Date: _____
No. of Hours Open per Year: _____